

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>  <b>(FOR USE WITH FORM PTO-875)</b>	SERIAL NO. <b>10/585271</b>	FILING DATE
	APPLICANT(S)	

10/

APPLICANT(S)	
--------------	--

FILING DATE	
-------------	--

Art. 19	Art. 34	CLAIMS
---------	---------	--------

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						